


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000020001
 1. Entity Name
COUNTRY VIEW, LLC



Principal Place of Business
230 PALERMO AVENUE
CORAL GABLES, FL 33134 US

Mailing Address
230 PALERMO AVENUE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0879861

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KORGE, CHRISTOPHER
230 PALERMO AVENUE
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

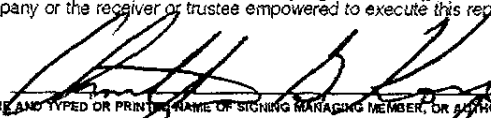
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM S.F.B. DEVELOPMENT, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PRINCETON ASSOCIATES, LLC 230 PALERMO AVENUE CORAL GABLES, FL 33134
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U00000533621
 05/05/06-80130-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  **4/20/06** **305-444-9533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #